

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

255598

1. PLACE OF DEATH

County Darwin
Township Muncie
City Cato (No. 1)

Registration District No. 29
Primary Registration District No. 5039

File No. 16
Registered No. 16 St. 16 Ward

2. FULL NAME

(a) Residence, No. Cato St. 16 Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 5 1933

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min. 18

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cato

FATHER 13. NAME Shemay Cleverger 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cato

MOTHER 15. MAIDEN NAME Mary Horton 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

17. INFORMANT (ADDRESS) Shemay Cleverger

18. BURIAL, CREMATION, OR REMOVAL PLACE Ingleside DATE Aug 14 1933

19. UNDERTAKER (ADDRESS) Emmelle

20. FILED 4-1 1933 Joel W. Newman Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 17 19 33

22. I HEREBY CERTIFY That I attended deceased from Aug 5 19 33 to Aug 10 19 33

I last saw him alive on Aug 10 19 33 Death is said

to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Premature Infant.

Date of onset

Other contributory causes of importance:

Name of operation 159 Date of 159

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify Clem H. Salzer

(Signed) Clem H. Salzer, M. D. (Address) Cato

